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ANNUAL REPORTS— SALFORD, EDINBURGH, AND NEW SOUTH WALES

THREE interesting reports have recently been received for review, they are :—

- (1) City of Salford, Venereal Diseases Scheme. Annual Report for 1935, by E. Tytler Burke, D.S.O.
- (2) City and Royal Burgh of Edinburgh, Venereal Diseases Scheme. Annual Report for 1935, by R. C. L. Batchelor, Clinical Medical Officer.
- (3) Extract from the Report of the Director-General of Public Health, New South Wales, for the year 1934, by E. Sydney Morris, Director of Public Health. Section 1, Venereal Diseases, by J. Cooper Booth, Director, Division of Venereal Diseases.

They illustrate differing methods of dealing with the same problem. There are the differences between the Salford and Edinburgh practice noted in previous reviews, particularly

- (1) The large in-patient provision in Edinburgh ;
- (2) The inclusion in the Edinburgh scheme, under the control of the Director, of all the branches of Public Health work which relate to venereal diseases.

The essential difference between the New South Wales and the home country schemes is that New South Wales has compulsory notification of venereal disease and, in addition, of those who default from treatment. The Australian report indicates quite clearly that despite their compulsory powers, venereal disease is still a serious and prevalent menace to the health of the community, and though laws may be passed, it is not easy to enforce them.

(1) THE SALFORD REPORT

This is Colonel Burke's last report to the Salford authority. The layout is the same as for 1934. It is a

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very complete statement of the work done and is well illustrated with graphs and diagrams. Compared with 1934, there has been a reduction in the total number of new cases, slight in the case of the non-venereal, namely from 909 to 904, but marked in the case of those suffering from venereal disease, namely from 1,062 to 976. The reduction in cases of syphilis is from 262 to 259, in gonorrhœa from 721 to 678, and in chancroid from 79 to 39. For the period 1929-1935, 86 per cent. of the male and 80 per cent. of the female new cases of venereal disease were infections of no longer duration than a year.

There has been a slight decline in total attendances, but they still number 89,977. In recent years the defaulter rate at this Clinic has always been low, and for 1935 it was 12 per cent. only. The cost per attendance is 1s. 8.789d. The average attendance per patient was 26.

There is a useful table on the evaluation of various forms of therapy for syphilis. Giving arsphenamine the value of 100, the other preparations have the following values :—

Bismuth

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| (1) Liposoluble (Stabismol ; Bisatol ; Bismocymol, etc.) | 80 |
| (2) Oil Suspensions (Bismuth salicylate). | 56 |
| (3) Water suspensions (Bismuth oxychloride) | 53 |
| (4) Water solubles (sodium bismuth thio-glycollate) | 50 |
| (5) Suspensions of metal (hypoloid bismuth, Bismostab) | 50 |

Pentavalent Arsenicals

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|--------------------------------------|----|
| (Tryparsamide ; Stovarsol) | 32 |
| <i>Mapharsen</i> | 53 |
| <i>Mercurials</i> | 6 |

From this basis, figures are given of therapeutic unit values, and on the space for time principle an "efficiency index" of treatment is worked out. Schedules of treatment are given, and it is stated that every male patient suffering from acute syphilis who reaches an efficiency index of 60 will pass the tests of cure laid down, and will suffer no clinical or serological relapse in the future.

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Stress is laid on the importance of avoiding interruption of treatment during the first thirteen weeks. In chronic syphilis an efficiency index of 60 or over does not necessarily guarantee against relapse.

Only one male patient was admitted for in-patient treatment, and 35 females; the total in-patient days numbered 1,172.

There is a further reference to "lorry girls," to which attention has been drawn in previous reports. In this clinic mention is made of the danger of prostitutes who live in flats, control of whom is difficult.

The report includes a reprint of an illustrated paper on Gummatous Ulceration of the Face and the Auricular Region.

(2) THE EDINBURGH REPORT

In this Report the preventive aspect of V.D. work is stressed, and "every effort is made to get in touch with all consorts and contacts with a view to eliminating the source of infection and preventing the infection being transferred." Special reference is made to the desirability of examining the other members of a family in which a case of congenital syphilis has been discovered. The number of beds for in-patient treatment remains as before, namely 86 beds and cots. 1,065 patients received in-patient treatment, of whom 306 were men. Of the 759 women, 427 were treated in the Elsie Inglis Memorial or the Royal Maternity Hospitals, where 186 children were born.

Taking the scheme as a whole there were 3,839 new patients, of whom 2,550 were suffering from venereal diseases. Of these, syphilis accounted for 647, gonorrhœa for 1,246 and chancroid for 44, the corresponding figures for 1934 being syphilis 732, gonorrhœa 1,310 and chancroid 56. In this clinic a figure for "non-specific" venereal diseases is given. The patients numbered 613, and the group includes non-syphilitic ulceration, balanitis, non-gonorrhœal urethritis and venereal warts. The out-patient attendance at the six clinics numbered 137,582, of which 99,531 were at the Royal Infirmary Clinic, and 19,987 at the Seamen's Dispensary, Leith.

Edinburgh has always been in the forefront in the demands for compulsory powers, but in this report it states "even if legislation were introduced to deal with

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these cases (defaulters) by compulsion, a few would still contrive to avoid treatment, and it is doubtful if the small number remaining untreated constitutes a complete justification for the introduction of such legislation."

A section is devoted to ophthalmia neonatorum. Forty-seven Edinburgh cases were notified, of which 21 per cent. were gonococcal. In three cases there was partial loss of vision. The importance of washing out the silver nitrate solution after it has been used as a prophylactic is stressed.

A plan of treatment for syphilis advocated by the Health Organisation of the League of Nations is used. As a result the period of treatment of an active case of syphilis has been reduced from between 104 to 120 weeks to between 60 to 90 weeks.

Reference is made to the decrease in the number of patients suffering from general paralysis of the insane, and the General Board of Control of Scotland is quoted to the effect that this decrease has been due to "the active and effective measures which are now applied in the treatment of syphilitic and venereal conditions and also to the fact that malarial treatment is now being given in general hospitals to patients in the early stages of general paralysis."

Defaulters at the various clinics numbered 513. The Nurse Almoner paid 2,852 visits. Much publicity work is done.

Research has been done on the duration of treatment of gonorrhœa with different types of gonococcal vaccine. The shortest period of treatment, namely 103 days, was with dissolved (Edinburgh strains of gonococci) intra-dermal vaccine.

(3) THE NEW SOUTH WALES REPORT

This Report states that during 1934 there were 4,721 notifications of venereal disease, of which 41 per cent. came from private practitioners. Regret is expressed that the medical profession do not co-operate more in the attempt to control venereal disease by complying with the notification requirements of the Venereal Diseases Act which has been in operation since 1921. The majority of the cases of infection do not come from professional prostitutes but from "amateurs." The following steps

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are suggested for the effective control of venereal diseases :

- (1) Educational propaganda.
- (2) Requiring a certificate of health from both parties before marriage (a blood test for syphilis being part of the medical examination).
- (3) The routine blood examination of every pregnant woman for syphilis.
- (4) Obtaining the name and address of the person accused of having conveyed infection and having him or her examined and brought under treatment if found infective.
- (5) The establishment of adequate facilities for prophylaxis and treatment.

Such activities would require to be Commonwealth-wide.

Notifications of syphilis are 42·7 per 100,000 of the population, compared with 49·9 in 1933 and 55·7 in 1932. In gonorrhoea the notification rate is 120 per 100,000, compared with 123 in 1933 and 125 in 1932. The ratio of male to female notifications of all venereal diseases is gradually being reduced and is 3·68, compared with 7·83 ten years before. Notification of the name and address of patients who discontinue treatment before they are free from infection is compulsory, and a patient failing to continue treatment until cured is liable to a fine of £20. Under this provision 1,472 defaulters were notified ; 767 had resumed treatment, were found to be dead or to have left the State, leaving 705 remaining in default. Owing to wrong information having been given, or patients having omitted to notify change of address, 605 letters were returned unclaimed. Under Section 25 of the Venereal Diseases Act, which presumably relates to action which can be taken against defaulters, there were three prosecutions, the fines being £20 in one case and £5 in the case of the other two. The non-Australian reader is, however, left in some doubt as to exactly what this section refers to.

There are 10 clinics in the metropolitan district, one at Newcastle and 45 at district hospitals. The total clinic attendances numbered 138,567 male and 30,167 female. Under the scheme there are 51 beds for male and 59 for female patients.

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Dr. J. H. Abbott conducted an investigation on the cases of gonorrhœa. He found that in 451 uncomplicated cases the treatment occupied 13.9 weeks and "investigation" an additional 7.5 weeks, making 21.4 weeks in all. In complicated cases (epididymitis, arthritis and severe forms of myositis and fibrosis) treatment occupied 18.8 weeks, and "investigation" a further 7.1 weeks, making twenty-five weeks in all.

W. A. D.